

REQUEST FOR APPROVAL OF SERVICE CENTER USER RATES

Date: _____
Unit Requesting Rate(s): _____
Brief Description of Rate(s): _____
Cost Collector (Cost Center and/or Internal Order): _____
Request is for: NOTE: Income must offset expenses
<input type="checkbox"/> New Rate(s) <input type="checkbox"/> Revision of Existing Rate(s) <input type="checkbox"/> Rate Not Changing <small>(complete New User Rate section) (complete Existing User Rate section) (complete Existing User Rate section)</small>

Request for New Service Center User Rate

Rate(s) proposed: _____ (If more than one rate, attach list)									
Why is a new rate required? _____									
Rate(s) will be charged to: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Other PSU Departments</td> <td><input type="checkbox"/> PSU Faculty/Staff</td> <td><input type="checkbox"/> Students</td> </tr> <tr> <td><input type="checkbox"/> External Not-for-Profit Organization</td> <td><input type="checkbox"/> External For-Profit Organization</td> <td></td> </tr> <tr> <td><input type="checkbox"/> General Public</td> <td colspan="2"><input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)</td> </tr> </table>	<input type="checkbox"/> Other PSU Departments	<input type="checkbox"/> PSU Faculty/Staff	<input type="checkbox"/> Students	<input type="checkbox"/> External Not-for-Profit Organization	<input type="checkbox"/> External For-Profit Organization		<input type="checkbox"/> General Public	<input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)	
<input type="checkbox"/> Other PSU Departments	<input type="checkbox"/> PSU Faculty/Staff	<input type="checkbox"/> Students							
<input type="checkbox"/> External Not-for-Profit Organization	<input type="checkbox"/> External For-Profit Organization								
<input type="checkbox"/> General Public	<input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)								
Where will the work be performed: Building: _____ Room(s): _____									
Will equipment be used: <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, list the tag numbers: _____									
Are the rates based on: <input type="checkbox"/> Actual Costs <input type="checkbox"/> Market Rates (attach benchmarking)									
<i>NOTE: If rate will be charged to Government or Government Flow-Through, rate(s) must be based on actual costs.</i>									
Is this rate applicable to: <input type="checkbox"/> UP <input type="checkbox"/> Commonwealth Campuses <input type="checkbox"/> College of Medicine <input type="checkbox"/> All locations									
If a waiver applies, attach approval of waiver _____									

Request for Revision of Existing Service Center User Rate

What was/were the previous approved rate(s)? _____ (If more than one rate, attach list)									
By what percent did the rate change? _____									
Provide an explanation for increase/decrease: _____									
Did the rate(s) change more than 10% since the last rate approval? <input type="checkbox"/> Yes <input type="checkbox"/> No (Financial Officer has authority to approve)									
Rate(s) will be charged to: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Other PSU Departments</td> <td><input type="checkbox"/> PSU Faculty/Staff</td> <td><input type="checkbox"/> Students</td> </tr> <tr> <td><input type="checkbox"/> External Not-for-Profit Organization</td> <td><input type="checkbox"/> External For-Profit Organization</td> <td></td> </tr> <tr> <td><input type="checkbox"/> General Public</td> <td colspan="2"><input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)</td> </tr> </table>	<input type="checkbox"/> Other PSU Departments	<input type="checkbox"/> PSU Faculty/Staff	<input type="checkbox"/> Students	<input type="checkbox"/> External Not-for-Profit Organization	<input type="checkbox"/> External For-Profit Organization		<input type="checkbox"/> General Public	<input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)	
<input type="checkbox"/> Other PSU Departments	<input type="checkbox"/> PSU Faculty/Staff	<input type="checkbox"/> Students							
<input type="checkbox"/> External Not-for-Profit Organization	<input type="checkbox"/> External For-Profit Organization								
<input type="checkbox"/> General Public	<input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)								
Where will the work be performed: Building: _____ Room(s): _____									
Will equipment be used? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, list the tag numbers: _____									
Are the rates based on: <input type="checkbox"/> Actual Costs <input type="checkbox"/> Market Rates (attach benchmarking)									
<i>NOTE: If rate will be charged to Government or Government Flow-Through, rate(s) must be based on actual costs.</i>									
Is this rate applicable to: <input type="checkbox"/> UP <input type="checkbox"/> Commonwealth Campuses <input type="checkbox"/> College of Medicine <input type="checkbox"/> All locations									
If a waiver applies, attach approval of waiver _____									

Approvals

SIGNATURES:		
Budget Administrator: _____	Budget Administrator _____	Date: _____
Budget Executive: _____	Budget Executive _____	Date: _____
Financial Officer: _____	Financial Officer _____	Date: _____

Cost Analysis Approval: _____	Date: _____
-------------------------------	-------------

For Finance & Business Rates Only:	
Senior Vice President for Finance & Business _____	
Senior Vice President for Finance & Business signature _____	Date: _____

To be completed by Cost Analysis: _____	Date rate received: _____	Equipment tag number recorded (N/A for ARL): _____
Space coded as N/A/OIA? _____		Rate expiration date: _____